

# Employment Preferences

## Employment/Disability Insurance Program Representative

**094699-00109194-8HRA1**

This multi-level recruitment is for:

094699-00109194-8HRA1 EMPLOYMENT PROGRAM REPRESENTATIVE

094699-00109233-8HRA1 DISABILITY INSURANCE PROGRAM REPRESENTATIVE

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Last Name

First Name

DOB Month

DOB Day:

Last four digits of SSN or other ID

First three letters of last name at birth

Email Address (if willing to accept email communication)

Check here if this is a new email address

Mailing Address

City

State

Zip Code

Check here if this is a new mailing address

**Only provide the following phone numbers if it is acceptable to call**

Home Phone

Work Phone

Alternate Phone

**Please complete the following employment preference information:**

You may pick one or more locations.

Select	Location
	Central California
	Northern California
	Orange County
	Placer County
	Plumas County
	Riverside County
	Sacramento County
	San Benito County
	San Bernardino County
	San Diego County
	San Francisco County
	San Joaquin County
	San Luis Obispo County
	San Mateo County
	Santa Barbara County
	Santa Clara County
	Santa Cruz County
	Shasta County
	Sierra County
	Siskiyou County
	Solano County
	Sonoma County
	Southern California
	Stanislaus County
	Sutter County
	Tehama County
	Trinity County
	Tulare County

Select	Location
	Tuolumne County
	Ventura County
	Yolo County
	Yuba County

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Please select at least one item from each column to indicate conditions of employment your willing to accept:

Permanent Full-time

Permanent Part-time

Permanent Intermittent

Limited Term Full-time

Limited Term Part-Time

Limited Term Intermittent

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**Additional Options:**

If you are currently eligible and wish to become inactive for this recruitment, please check here

If you have previously inactivated yourself for this recruitment and would like to reactivate your application, please check here

If you have never been eligible, and wish to withdraw from this recruitment, please check here

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_